Case 19-32727-VFP Doc 110 Filed 08/08/22 Entered 08/08/22 13:51:33 Desc Main Document Page 1 of 8

Fill in this information to identify your case:					
Debtor 1	Celia Marie Zelins	ski			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY	,		
Case number (if known)	19-32727				

■ Check if this is an amended filing

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	150,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	39,340.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	189,340.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	251,671.12
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	17,671.88
	Your total liabilities	\$	269,343.00
⊃aı	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,936.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,516.10
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other so	hedules.
	■ Yes What kind of debt do you have?		

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

# Case 19-32727-VFP Doc 110 Filed 08/08/22 Entered 08/08/22 13:51:33 Desc Main Document Page 2 of 8

Debtor 1 Celia Marie Zelinski Case number (if known) 19-32727

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

\$\_\_\_\_\_8,338.32

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

	n this informatior	to identify your c	ase:		
Deb	tor 1	Celia Marie	Zelinski		
1	tor 2 use, if filing)				
Unit	ed States Bankru	ptcy Court for the	: DISTRICT OF NEW J	ERSEY	
Cas	e number 1	9-32727			Check if this is:
(If kn	own)			-	■ An amended filing
					A supplement showing postpetition chapter 13 income as of the following date:
<u>Of</u>	ficial Forn	<u>n 106l</u>			MM / DD/ YYYY
Sc	hedule I:	Your Inc	ome		12/15
Par	1: Descri	be Employment	On the top of any addition	onai pages, write your name an	d case number (if known). Answer every question
1.	Fill in your emp	oloyment			
	information.	•		Debtor 1	Debtor 2 or non-filing spouse
	If you have mor		Employment status*	Debtor 1  ■ Employed	Debtor 2 or non-filing spouse  ■ Employed
	If you have mor attach a separa information abo	te page with	Employment status*	_	_
	If you have morattach a separarinformation abo employers.	te page with ut additional	Employment status*	■ Employed	■ Employed
	If you have mor attach a separa information abo	te page with ut additional e, seasonal, or		■ Employed □ Not employed	■ Employed □ Not employed  Driver
	If you have mor attach a separa information abo employers. Include part-tim self-employed w	te page with ut additional e, seasonal, or vork.	Occupation	■ Employed □ Not employed  Hair stylist  Capri Corporate Managem	■ Employed □ Not employed □ Driver
	If you have morattach a separa information abo employers.  Include part-tim self-employed w	te page with ut additional e, seasonal, or vork.	Occupation Employer's name	■ Employed □ Not employed  Hair stylist  Capri Corporate Managem Inc  there?10 yrs	■ Employed □ Not employed □ Driver
Pari	If you have mor attach a separa information abo employers. Include part-tim self-employed w Occupation may or homemaker,	te page with ut additional e, seasonal, or vork.	Occupation  Employer's name  Employer's address  How long employed the	■ Employed □ Not employed  Hair stylist  Capri Corporate Managem Inc  there?10 yrs	■ Employed □ Not employed  Driver  WJZ Trucking  25 Years
Part Estir	If you have morattach a separa information abo employers.  Include part-timeself-employed with Occupation mayor homemaker,	te page with ut additional e, seasonal, or vork. vinclude student if it applies.  etails About Mor	Occupation  Employer's name  Employer's address  How long employed the state of the	■ Employed □ Not employed  Hair stylist  Capri Corporate Management Inc  here? 10 yrs *See Attachment for	■ Employed □ Not employed  Driver  WJZ Trucking  25 Years
Part Estir spou	If you have morattach a separa information abo employers.  Include part-tim self-employed work or homemaker,  Give Date monthly inse unless you are ure or your non-filing attachments.	te page with ut additional  e, seasonal, or vork.  vinclude student if it applies.  vetails About Mor come as of the deseparated.	Occupation  Employer's name  Employer's address  How long employed the state of the	■ Employed □ Not employed  Hair stylist  Capri Corporate Management Inc  here? 10 yrs *See Attachment for	Employed  Not employed  Driver  WJZ Trucking  25 Years  Additional Employment Information

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

2. \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Celia Marie Zelinski	_	С	Case number (if known)	) _	19-32727		
	Cop	y line 4 here	4.		For Debtor 1		For Debtor non-filing s		
_			••		<u> </u>	_	<b>–</b>	0.00	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.00	_	\$	0.00	_
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	_	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	_	\$	0.00	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.		\$ 0.00 \$ 0.00	_	\$ \$	0.00	_
	5f.	Domestic support obligations	5f.		\$ 0.00 \$ 0.00	_	\$	0.00	_
	5g.	Union dues	5g.		\$ 0.00		\$	0.00	_
	5h.	Other deductions. Specify:	5h.		\$ 0.00	_	<u> </u>	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$ 0.00	<u> </u>	\$	0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$ 0.00	)	\$	0.00	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		Φ		•		
	Oh	monthly net income.	8a.		\$ 0.00 \$ 0.00		\$1,	,032.00	_
	8b. 8c.	Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent	8b.	•	\$0.00	_	Φ	0.00	_
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.00	)	\$	0.00	
	8d.	Unemployment compensation	8d.		\$ 2,704.00	<u> </u>	\$	0.00	_
	8e.	Social Security	8e.		\$ 0.00	<u>-</u>	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$0.00	_	\$	0.00	_
	8g.	Pension or retirement income	8g.		\$ 0.00		\$	0.00	_
	8h.	Other monthly income. Specify: Family Contribution	8h.	.+ 	\$ 200.00	<u> </u> +	\$	0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,904.00		\$	1,032.0	0
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	2,904.00 +	\$	1,032.00	= \$	3,936.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Incluothe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ide contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe		. •		d in <i>Schedule</i>	∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						\$	3,936.00
13.	Dos	ou expect an increase or decrease within the year after you file this form	2					month	ly income
10.	□ □	No.  Yes. Explain:	•						

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Debtor 1 Celia Marie Zo	elinski	Case number (if known)	19-32727
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# Official Form B 6I Attachment for Additional Employment Information

Debtor	
Occupation	Hair stylist
Name of Employer	Salon Deja Vu/Moulin Rouge
How long employed	15 yrs
Address of Employer	399 Rte
	46 West
	Rockaway, NJ 07866

Official Form 106l Schedule I: Your Income page 3

Fill	in this informa	tion to identify yo	our case:					
Deb	otor 1	Celia Marie 2	Zelinski				ck if this is:	
Deh	otor 2					_	An amended filing	wing postpetition chapter
	ouse, if filing)						13 expenses as of	
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY		_	MM / DD / YYYY	
1	e number 19 nown)	-32727						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
Be info	as complete a	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this				
Par		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to		in a conor	ate household?				
			ın a separ	ate nousenoid?				
		=	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.		enses include		No				
		f people other t I your depende		Yes				
		a your acpenae						
Est exp	imate your ex	ate Your Ongoi penses as of your the l	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed	orm as a su e <i>J</i> , check th	pplement in a Cha e box at the top o	apter 13 case to report of the form and fill in the
the		n assistance an		government assistance it cluded it on <i>Schedule I:</i> Y			Your exp	enses
(Oil	ilciai Folili 10	01.)					Tour oxp	
4.		r home owners d any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$		1,708.10
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
				ipkeep expenses		4c. \$		125.00
E		owner's associat				4d. \$		0.00
5.	Additional n	nortgage paym	ents for yo	our residence, such as ho	ne equity loans	5. \$		0.00

1 Celia Ma	arie Zelinski	Case num	ber (if known)	19-32727
tilities:				
	v. heat, natural gas	6а	\$	275.00
•				75.00
			·	250.00
•			·	0.00
				300.00
			·	
				0.00
	•		•	10.00
			·	0.00
	•	11.	<b>&gt;</b>	120.00
		12	\$	80.00
	1 7			
				0.00
	tributions and religious donations	14.	<b>&gt;</b>	0.00
	and the state of t			
		45-	<b>c</b>	0.00
				0.00
				0.00
				218.00
		15d.	\$	0.00
	nclude taxes deducted from your pay or included in lines 4 or 20.			<u> </u>
pecify:		16.	\$	0.00
		17a.	\$	355.00
<sup>r</sup> b. Car paym	nents for Vehicle 2	17b.	\$	0.00
c. Other. Sp	pecify:	17c.	\$	0.00
		17d.	\$	0.00
	·	as		
			\$	0.00
ther payment	s you make to support others who do not live with you.	,	\$	0.00
pecify:		19.		
ther real prop	perty expenses not included in lines 4 or 5 of this form or on Sci	hedule I: Yo	ur Income.	
				0.00
		20b.	\$	0.00
				0.00
				0.00
			·	
	iei's association of condominating		•	0.00
iner: Specify:		21.	τ\$	0.00
alculate vour	monthly expenses			
-			s	3,516.10
	•	)		3,310.10
		-	·	0 = 40 40
c. Add line 22	za and ZZD. The result is your monthly expenses.		)	3,516.10
alculate vour	monthly net income.			
		23a	\$	3,936.00
	• ,			3,516.10
.b. Copy you	ii monuny expenses nom ine 220 above.	۷۵۵.	-Ψ	3,516.10
	your monthly expenses from your monthly income			
?a Cuhtract .	your monthly expenses from your monthly income.	23c.	\$	419.90
	t is your monthly not income		ΙΨ	
	t is your monthly net income.	230.	Ψ	
The resul	•			
The result o you expect	an increase or decrease in your expenses within the year after	you file this	form?	
The result or you expect or example, do y	•	you file this	form?	
The result or you expect or example, do y	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect yo	you file this	form?	
	tilities: a. Electricity b. Water, se c. Telephon d. Other. Sp cod and house hildcare and lothing, launce edical and de ransportation o not include o netertainment, haritable con surance. o not include i foa. Life insur fob. Health ins foc. Vehicle ir fod. Other ins axes. Do not i coecify: stallment or ra. Car paym rb. Car paym	tillities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other. Specify: bod and housekeeping supplies hildcare and children's education costs lothing, laundry, and dry cleaning ersonal care products and services edical and dental expenses ransportation. Include gas, maintenance, bus or train fare. bo not include car payments. Intertainment, clubs, recreation, newspapers, magazines, and books haritable contributions and religious donations surance. bo not include insurance deducted from your pay or included in lines 4 or 20. ba. Life insurance bib. Health insurance bib. Chell insurance bid. Other insurance. Specify: bases. Do not include taxes deducted from your pay or included in lines 4 or 20. becify: bases. Do not include taxes deducted from your pay or included in lines 4 or 20. becify: bases. Do not include taxes deducted from your pay or included in lines 4 or 20. becify: bases. Do not include taxes deducted from your pay or included in lines 4 or 20. becify: bases. Do not include taxes deducted from your pay or included in lines 4 or 20. becify: bases. Do not include taxes deducted from your pay or included in lines 4 or 20. becify: bases. Do not include taxes deducted from your pay or included in lines 4 or 5 of this form or on 5c on the payments of alimony, maintenance, and support that you did not report become from your pay on line 5, Schedule I, Your Income (Official Form 106) there payments you make to support others who do not live with you. becify: bases are property expenses not included in lines 4 or 5 of this form or on Sc on Mortgages on other property bases are property, homeowner's, or renter's insurance bases. Property, homeowner's association or condominium dues ther: Specify: bases are property expenses bases. Add lines 4 through 21.	itilities: a. Electricity, heat, natural gas b. Water, sewer, garbage collection c. Telephone, cell phone, Internet, satellite, and cable services d. Other, Specify: cod and housekeeping supplies cod and children's education costs dothing, laundry, and dry cleaning cersonal care products and services cod edical and dental expenses cansportation. Include gas, maintenance, bus or train fare. on to include car payments. con to include car payments. con trainiment, clubs, recreation, newspapers, magazines, and books con trainiculate insurance deducted from your pay or included in lines 4 or 20. con the insurance con the include insurance deducted from your pay or included in lines 4 or 20. con contributions con the include taxes deducted from your pay or included in lines 4 or 20. concify: contributions	tillities:  a. Electricity, heat, natural gas  b. Water, sewer, garbage collection  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  c. Telephone, cell phone, Internet, satellite, and cable services  cold and housekeeping supplies  coldical and housekeeping supplies  coldical and dental expenses  cansportation. Include gas, maintenance, bus or train fare.  cont include car payments.  10. \$  cont include car payments.  cont include insurance deducted from your pay or included in lines 4 or 20.  call. Life insurance  contributions and religious donations  surance.  rot ont include insurance deducted from your pay or included in lines 4 or 20.  call. Life insurance  cold. Other insurance. Specify:  cold. Cherinsurance. Specify:  cold. Cherinsurance. Specify:  cold. Car payments for Vehicle 1  cold. Car payments for Vehicle 2  cold. Other. Specify:  cold. Maintenance, repair, and upkeep expenses  col

Fill in this inform	nation to identify your	case:		
Debtor 1	Celia Marie Zelins	•		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	DISTRICT OF NEW JERSE	ΞΥ	
Case number 1	9-32727			
(II KIIOWII)				■ Ch
				an

■ Check if this is an amended filing

#### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Dic	d you pay or agree to pay someone who is NOT an a	orney to help you fill out bankruptcy forms?	
	No		
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice  Declaration, and Signature (Official Form 11	
	der penalty of perjury, I declare that I have read the s t they are true and correct.	nmary and schedules filed with this declaration and	
X	/s/ Celia Marie Zelinski	X	
	Celia Marie Zelinski Signature of Debtor 1	Signature of Debtor 2	
	Date August 8, 2022	Date	